PATENT APPLICATION FEE DETERMINATION RECOF	٦D
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on or Docket Number 09/673814

13

Effective October 1, 2000													
		CLAIMS A	S FILED - (Column	SMAL TYPE	_	YTITY	OR	OTHER SMALL					
TOTAL CLAIMS					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		RAT	E	FEE	1	RATE	FEE	
FOR NUMBER F				FILED	NUME	BER EXTRA	BASIC	FEE	430	OR	BASIC FEE		
TC	TAL CHARGEA	BLE CLAIMS	30 mir	ius 20=	•	10	XS 9	<del></del>	90	OR	X\$18=		
INDEPENDENT CLAIMS / minus 3 =							X40				X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							740	_		OR			
• 14	the difference	oluma 2	+135	)= -		OR	+270=						
* If the difference in column 1 is less than zero, enter "0" in column 2								۸L	520	OR	TOTAL		
	CLAIMS AS AMENDED - PART II								NTITY	OR	OTHER THAN SMALL ENTITY		
ENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**	`	=	X\$ 9	=		OR	X\$18=		
ME	Independent	ė	Minus	***		=	X40:	.		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	_		OR	+270=		
								- TAL		on i	TOTAL		
		ADDIT, F	EE		OR ,	ADDIT. FEE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Zangaran da	(Colum HIGH NUMI PREVIC PAID	EST BER	(Column 3) PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	.30	Minus	.3	<u>U</u>	=	X\$ 9	=		OR	X\$18=		
AME	Independent	. 4	Minus	- Table 1	<u></u>		X40	=	25%	ÓR	X80=		
<u> </u>	FIRST PRESE	NTATION OF MU	JLIIPLE DEF	ENDENI	CLAIM		+135			OR	+270=		
							TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
		(Column 3)											
AMENDMENT C	es Sept.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S Q	Total		Minus	**		= ,	X\$ 9	)		OR	X\$18=		
ME	Independent	•	Minus	***		=	X40				X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM					OR			
	f the entry in colu	mn 1 is less than t	ne entry in colu	ımn 2 write	a "N" in co	olumo 3	+135			OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAI TYP		NTITY	OR	OTHEF SMALL	THAN ENTITY
FOR NUMBER FILED NUMBER EXTRA						RATE		FEE	7	RATE	FEE		
BASIC FEE								345.00	OR	RVKKE GAZZA	690.00		
TOTAL CLAIMS / minus 20= *						X\$ 9	ias paras	•	OR	X\$18=			
NDEPENDENT CLAIMS / minus 3 = *						X39=	_		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								+130	1		1	+260=	
* If	If the difference in column 1 is less than zero, enter "0" in column 2										OR OR	TOTAL	16
CLAIMS AS AMENDED - PART II								TOTA	'L	·	Un	OTHER	THAN
	Koba oz Broada u jako	(Col	umn 1) AIMS	Inter-swampen	(Colum	n 2)	(Column 3)	SMAL	L E	NTITY	OŖ	SMALL	ENTITY
MENT A		REM Al	IAINING FTER NDMENT		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	<u> </u>	Minus	**		=	X\$ 9=	-	•	OR	X\$18=	
AME	Independent FIRST PRESE	*		Minus	***	CL AINA	= .	X39=			OR	X78=	
	rinoi rneoe	MIAIR	JN OF IVIC	JUIPLE DEI	PENDENT	JLAIM		+130=			OR	+260=	
								TOT.		·	OB	TOTAL ADDIT. FEE	
			umn 1)		(Colum		(Column 3)	AUDII, FI			. ·	AUUII. FEEI	
ENDMENT B		REM Al	AIMS IAINING FTER NDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	*	_	Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent FIRST PRESE	*	OF MI	Minus	***	OL ALM	= .	X39=	1		OR	X78=	
	FIRST PRESE	NIAIR	)N OF MC	LIPLE DEF	PNDENT	JLAIM		+130=	1		OR	+260=	·
		."						TOT/ ADDIT. FE				TOTAL ADDIT. FEE	
			umn 1)		(Columi		(Column 3)	AUDII. I L			,	ADDII, FEE	
MENIC		REM AF	AIMS IAINING TER IDMENIT		HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*		Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent FIRST PRESE	*	ON OF MI	Minus	***		=	X39=			OR	X78=	
		·						+130=			OR	+260=	
**	f the entry in colur f the "Highest Nur If the "Highest Nur	mber Pre	eviously Pa	id For" IN THIS	S SPACE is I	less than	20, enter "20."	TOTA ADDIT. FE			OR ,	TOTAL ADDIT. FEE	

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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